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ABSTRACT

Recent research has indicated that adolescents are particularly prone to witnessing, perpetrating, and being victimized by violence. Research has also suggested that depression may be a risk factor for aggression in adolescents. This document presents preliminary results from a study evaluating the relationship among violence exposure, aggressive behavior, and psychopathology in youth. It hypothesizes that depressed inpatient youth will demonstrate higher levels of aggression than nondepressed inpatient youth. It also hypothesizes that depression and exposure to violence will contribute significantly to the prediction of aggressive behavior. Participants (n=120) in the study were inpatients at a children's and adolescents' psychiatric hospital and ranged in age from 13-17. Results support the hypothesis that exposure to violence predicts aggressive behavior scores in adolescents with psychiatric disturbances. Results also suggest that exposure to traumatic violence and to indirect violence is the strongest predictor of aggression in the sample, whereas abuse experiences were not. This indicates that exposure to both severe and less severe forms of violence is associated with an increased risk for aggressive behavior in youth with psychiatric disturbances. Contrary to the hypothesis, depression did not contribute significantly to the prediction of aggressive behavior. (Contains 2 tables and 10 references.) (JDM)

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Relationships Among Violence Exposure, Depression, and Aggressive Behavior in Youth

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Abstract

The present study examines relationships among violence exposure, aggressive behavior, and psychopathology in youth. It was hypothesized that depressed youth will demonstrate higher levels of aggression than nondepressed youth. It was also hypothesized that depression and exposure to violence will contribute significantly to the prediction of aggressive behavior. Participants were inpatients at a child and adolescent psychiatric hospital, ranging in age from 13 to 17 years, with a mean age of 14.6 years. The Diagnostic Interview for Children and Adolescents-Fourth Edition (DICA-IV) was used to identify Major Depressive Disorder. Adolescent participants also completed the Buss-Durkee Hostility and the Brown-Goodwin Assessment for Lifetime History of Aggression. Participants also completed the Screen for Adolescent Violence Exposure. Results support the hypothesis that exposure to violence scores will be predictive of aggressive behavior scores in adolescents with psychiatric disturbances. Results suggest that exposure to traumatic violence and exposure to indirect violence are the strongest predictors of aggression in this sample, whereas abuse experiences were not. Contrary to the hypothesis, depression did not contribute significantly to the prediction of aggressive behavior, and there were not significant differences between groups of depressed and nondepressed groups on any of the aggression measures.

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and Aggressive Behavior in Youth

Recent research indicates that adolescents are particularly prone to witnessing, perpetrating, and being victimized by violence. Research also has indicated associations between violence exposure (i.e., witnessing, being victimized by, or otherwise experiencing violence) and aggression and antisocial behavior in youth (e.g., Gorman-Smith & Tolan, 1998; Miller et al., 1999). However, research is clearly needed addressing whether similar relationships are evident for psychiatrically disturbed youth.

Depression also may be a risk factor for aggression in adolescents. Research illustrates an elevated risk specifically for aggressive behavior and conduct disorder (CD) in depressed youths (Kazdin et al., 1983; Knox et al., 2000, McCracken et al., 1993). Both parents and youths report significantly higher levels of aggressive behavior for depressed than nondepressed youths (Kazdin et al., 1983), and depressed youths may be at heightened risk for future aggressive behavior problems (Schubiner et al., 1993).

Preliminary results are presented from a larger study systematically evaluating relationships among violence exposure, aggressive behavior, and psychopathology in youth. It was hypothesized that depressed inpatient youth will demonstrate higher levels of aggression than nondepressed inpatient youth. It was also hypothesized that depression and exposure to violence will contribute significantly to the prediction of aggressive behavior.

Methods

Participants

Participants were inpatients at a child and adolescent psychiatric hospital, ranging in age from 13 to 17 years, with a mean age of 14.6 years. Inclusion criteria for the study include inpatient status and age between 13 and 17 years. Exclusion criteria include Mental Retardation, Pervasive Developmental Disorder, and Psychosis (other than Major Depressive Disorder with psychotic features). The sample is primarily (87%) Caucasian. To date, 86 of an anticipated total of 120 participants have completed Phase 1 of the study. The present sample includes 51 females and 35 males.

Procedures

The Diagnostic Interview for Children and Adolescents-Fourth Edition (DICA-IV) was used to identify Major Depressive Disorder. Adolescent participants also completed the Buss-Durkee Hostility Inventory (Boone & Flint, 1988; Buss & Durkee, 1957), and the Brown-Goodwin Assessment for Lifetime History of Aggression (adapted adolescent version; Brown et al., 1979). Participants also completed the Screen for Adolescent Violence Exposure (SAVE; Hastings & Kelley, 1997). This scale consists of three subscales. The Traumatic Violence subscale measures exposure to (i.e., witnessing or being victimized by) severe victimization. The Physical/Verbal Abuse subscale measures exposure to actual or threatened harm (directed at the participant), and the Indirect Violence subscale addresses witnessing or being informed of less severe interpersonal violence.

Results

Table 1 illustrates means and standard deviations of aggressive behavior scores for participants with and without Major Depressive Disorder. T-tests were conducted to examine whether there were differences in aggression between these groups. Results of these analyses indicated no significant differences between these groups on any of the aggressive behavior variables (scores on Buss-Durkee Hostility Inventory and Brown-Goodwin Assessment For Lifetime History Of Aggression, Adolescent Report version).

Multiple regression analyses were conducted to examine whether depression and violence exposure predicted aggressive behavior (total scores on the Brown-Goodwin Assessment For Lifetime History Of Aggression, Adolescent Report Version) in this sample. Results of this analysis indicated that 29.4% of the variance in aggressive behavior scores is predicted by these variables. As illustrated in Table 2, exposure to traumatic violence and exposure to indirect violence were significant predictors of aggressive behavior in this sample.

Discussion

Results support the hypothesis that exposure to violence scores will be predictive of aggressive behavior scores in adolescents with psychiatric disturbances. Results suggest that exposure to traumatic violence and exposure to indirect violence are the strongest predictors of aggression in this sample, whereas abuse experiences were not. This indicates that exposure to both severe and less severe forms of violence is associated with increased risk for aggressive behavior in youth with psychiatric disturbances. Because these data are correlational in nature, casual interpretations cannot be made. However, one-year follow-up data on aggressive behavior and

violence exposure are currently being collected for this sample. Longitudinal data will more precisely address the question of whether exposure to violence leads to higher levels of aggression in adolescents with psychiatric disturbances.

Contrary to the hypothesis, depression did not contribute significantly to the prediction of aggressive behavior, and there were not significant differences between groups of depressed and nondepressed groups on any of the aggression measures. This hypothesis was based in part on results of a recent study by Knox and colleagues (2000) which indicated markedly high levels of aggression among treatment-seeking youth with Major Depressive Disorder. A difference between that sample and the current one is apparent in the gender representation; whereas the current sample was only 59% female, the prior sample was 78% female. Analyses will be conducted separately by gender to determine whether relationships among depression, violence exposure and aggression differ for males and females.

It is anticipated that information gained from this study will benefit practitioners working with seriously mentally ill youth who pose a risk for severe aggression. The identification of predictors of aggressive behavior will also benefit those involved in program and policy development addressing the prevention of youth aggression, and may help determine where to target limited resources designated for violence prevention.

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Table 1

Means and Standard Deviations of Total Scores on Aggression Measures for Adolescents with and without Major Depressive Disorder

	With MDD			Without MDD		
	M	SD	n	M	SD	n
Brown-Goodwin-Adolescent-Report	10.15	6.03	40	10.78	5.93	46
Buss Durkee	47.87	37.26	40	44.48	36.36	46

Table 2

Results of Multiple Regression Analysis Predicting Aggressive Behavior Scores

Variable	B (Unstandardized)	SE B	B(Standardized)
Traumatic Violence Exposure	.19	.09	.30*
Indirect Violence Exposure	.07	.04	.31*
Physical/Verbal Abuse	.01	.08	.01
Major Depression	1.75	1.14	.15

Note. $R^2 = .294$

*$p < .05$.